

06-01-01

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05/31/01

PTO  
1033 U.S. PTO  
09/871304

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

Only for new nonprovisional applications under 37 CFR 1.53(b)

|                                          |                                                            |
|------------------------------------------|------------------------------------------------------------|
| Attorney Docket No.:                     | Sprint IDF 1595 (4000-04000))                              |
| First Inventor or Application Identifier | Balagurunathan Balasubramanian et al                       |
| Title                                    | Method and Software for Testing and Performance Monitoring |
| Express Mail Label No.                   | EL733145421US                                              |

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g. PTO/SB17)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See (Submit an original, and a duplicate for fee processing)
3. ☒ Specification [Total Pages]: **38**  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claims(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) Total Sheets: **12**
5. ☒ Oath or Declaration Total Pages: **2**
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 17 completed)
    - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231**

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. ☐ Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies)

**ACCOMPANYING APPLICATION PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C. FR 3.73(b) Statement [ ] Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449  
☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☒ Request and Certification under 35 U.S.C. 122(b)(2)(B)(i).  
Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_ Group Art Unit: \_\_\_\_\_  
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

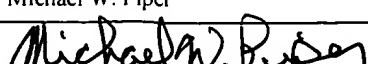
**19 CORRESPONDENCE ADDRESS**

|                                                                                                                                                                                                 |                         |           |                                   |              |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------|-----------------------------------|--------------|--------------|
| <input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) <b>21396</b> or <input checked="" type="checkbox"/> Correspondence address below |                         |           |                                   |              |              |
| NAME                                                                                                                                                                                            | Steven J. Funk          |           |                                   |              |              |
| ADDRESS                                                                                                                                                                                         | Sprint Law Department   |           |                                   |              |              |
|                                                                                                                                                                                                 | 8140 Ward Parkway       |           |                                   |              |              |
| CITY                                                                                                                                                                                            | Kansas City             | STATE     | Missouri                          | ZIP CODE     | 64114        |
| COUNTRY                                                                                                                                                                                         | USA                     | TELEPHONE | 913-624-6828                      | FAX          | 913-624-6388 |
| Name (Print Type)                                                                                                                                                                               | Michael W. Piper        |           | Registration No. (Attorney/Agent) | 39,800       |              |
| Signature                                                                                                                                                                                       | <i>Michael W. Piper</i> |           | Date:                             | May 31, 2001 |              |

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|-----------------------------------------------------------------------------------------|-------------|--------------------------|----------------------------------------|
| <b>FEE TRANSMITTAL</b><br><b>FY 2000</b><br>Patent fees are subject to annual revision. |             | <b>Complete if Known</b> |                                        |
|                                                                                         |             | Application Number       | Not Yet Assigned                       |
|                                                                                         |             | Filing Date              | Concurrently Herewith                  |
|                                                                                         |             | First Named Inventor     | Balagurunathan Balasubramanian, et al. |
|                                                                                         |             | Group Art Unit           |                                        |
|                                                                                         |             | Examiner Name            |                                        |
| TOTAL AMOUNT OF PAYMENT                                                                 | (\$ 830.00) | Attorney Docket Number   | Sprint IDF 1595 (4000-04000)           |

| METHOD OF PAYMENT (check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FEE CALCULATION (continued) |                 |                 |                                                                            |                  |          |    |     |     |     |                    |    |    |     |     |     |                   |    |    |     |     |     |                  |    |    |     |     |     |                    |    |    |     |     |    |                        |    |                     |  |  |  |  |                  |  |       |       |          |          |                        |   |   |         |    |                            |   |   |         |      |                    |  |  |          |    |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |                                                 |     |    |     |   |                                                         |                               |  |  |  |  |                                                                       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                               |    |     |      |     |      |                                                        |    |     |        |     |        |                                                     |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |                                        |    |     |     |     |     |                          |    |     |       |     |       |                                               |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |  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| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account No.: 21-0765<br/>         Deposit Account Name: Sprint</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Payment Enclosed:<br/> <input type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <hr/> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p style="text-align: center;"><b>BASIC FILING FEE</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>710</td> <td>201</td> <td>355</td> <td>Utility filing fee</td> <td>\$</td> </tr> <tr> <td>06</td> <td>320</td> <td>206</td> <td>160</td> <td>Design filing fee</td> <td>\$</td> </tr> <tr> <td>07</td> <td>490</td> <td>207</td> <td>245</td> <td>Plant filing fee</td> <td>\$</td> </tr> <tr> <td>08</td> <td>710</td> <td>208</td> <td>355</td> <td>Reissue filing fee</td> <td>\$</td> </tr> <tr> <td>14</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td>\$</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td><b>\$ 710.00</b></td> </tr> </tbody> </table> <p>2. <b>EXTRA CLAIM FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Extra</th> <th>below</th> <th>Fee from</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims 18 - 20 =</td> <td>0</td> <td>x</td> <td>18.00 =</td> <td>\$</td> </tr> <tr> <td>Independent Claims 4 - 3 =</td> <td>1</td> <td>x</td> <td>80.00 =</td> <td>\$80</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>270.00 =</td> <td>\$</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claim</td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUB TOTAL (2) \$ 80.00</b></td> </tr> </tbody> </table> | Large Fee Code              | Entity Fee (\$) | Small Fee Code  | Entity Fee (\$)                                                            | Fee Description  | Fee Paid | 01 | 710 | 201 | 355 | Utility filing fee | \$ | 06 | 320 | 206 | 160 | Design filing fee | \$ | 07 | 490 | 207 | 245 | Plant filing fee | \$ | 08 | 710 | 208 | 355 | Reissue filing fee | \$ | 14 | 150 | 214 | 75 | Provisional filing fee | \$ | <b>SUBTOTAL (1)</b> |  |  |  |  | <b>\$ 710.00</b> |  | Extra | below | Fee from | Fee Paid | Total Claims 18 - 20 = | 0 | x | 18.00 = | \$ | Independent Claims 4 - 3 = | 1 | x | 80.00 = | \$80 | Multiple Dependent |  |  | 270.00 = | \$ | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | 103 | 18 | 203 | 9 | Claims in excess of 20 | 102 | 80 | 202 | 40 | Independent claims in excess of 3 | 104 | 270 | 204 | 135 | Multiple dependent claim | 109 | 80 | 209 | 40 | Reissue independent claims over original patent | 110 | 18 | 210 | 9 | Reissue claims in excess of 20 and over original patent | <b>SUB TOTAL (2) \$ 80.00</b> |  |  |  |  | <p>3. <b>ADDITIONAL FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>\$</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td>\$</td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td>\$</td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for reexam</td> <td>\$</td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td>\$</td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td>\$</td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within 1st month</td> <td>\$</td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td>Extension for reply within 2nd month</td> <td>\$</td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td>Extension to reply within 3rd month</td> <td>\$</td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> <td>Extension to reply within 4th month</td> <td>\$</td> </tr> <tr> <td>128</td> <td>1,890</td> <td>228</td> <td>945</td> <td>Extension to reply within 5th month</td> <td>\$</td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td>Notice of Appeal</td> <td>\$</td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td>\$</td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> <td>\$</td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td>\$</td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td>\$</td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> <td>Petition to revive - unintentional</td> <td>\$</td> </tr> <tr> <td>142</td> <td>1,210</td> <td>242</td> <td>605</td> <td>Utility issue fee (or reissue)</td> <td>\$</td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220</td> <td>Design issue fee</td> <td>\$</td> </tr> <tr> <td>144</td> <td>600</td> <td>244</td> <td>300</td> <td>Plant issue fee</td> <td>\$</td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td>\$</td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional apps.</td> <td>\$</td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Dis. Stmt.</td> <td>\$</td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>\$40</td> </tr> <tr> <td>146</td> <td>690</td> <td>246</td> <td>345</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td>\$</td> </tr> <tr> <td>149</td> <td>690</td> <td>249</td> <td>345</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td>\$</td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td>\$</td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td>\$</td> </tr> <tr> <td colspan="5"><b>*Reduced by Basic Filing Fee Paid SUBTOTAL (3)</b></td> <td><b>\$ 40.00</b></td> </tr> </tbody> </table> | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | \$ | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | \$ | 139 | 130 | 139 | 130 | Non-English specification | \$ | 147 | 2,520 | 147 | 2,520 | For filing a request for reexam | \$ | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | \$ | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | \$ | 115 | 110 | 215 | 55 | Extension for reply within 1st month | \$ | 116 | 390 | 216 | 195 | Extension for reply within 2nd month | \$ | 117 | 890 | 217 | 445 | Extension to reply within 3rd month | \$ | 118 | 1,390 | 218 | 695 | Extension to reply within 4th month | \$ | 128 | 1,890 | 228 | 945 | Extension to reply within 5th month | \$ | 119 | 310 | 219 | 155 | Notice of Appeal | \$ | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | \$ | 121 | 270 | 221 | 135 | Request for oral hearing | \$ | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | \$ | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | \$ | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional | \$ | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) | \$ | 143 | 440 | 243 | 220 | Design issue fee | \$ | 144 | 600 | 244 | 300 | Plant issue fee | \$ | 122 | 130 | 122 | 130 | Petitions to the Commissioner | \$ | 123 | 50 | 123 | 50 | Petitions related to provisional apps. | \$ | 126 | 180 | 126 | 180 | Submission of Information Dis. Stmt. | \$ | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | \$40 | 146 | 690 | 246 | 345 | Filing a submission after final rejection (37 CFR 1.129(a)) | \$ | 149 | 690 | 249 | 345 | For each additional invention to be examined (37 CFR 1.129(b)) | \$ | Other fee (specify) _____ |  |  |  |  | \$ | Other fee (specify) _____ |  |  |  |  | \$ | <b>*Reduced by Basic Filing Fee Paid SUBTOTAL (3)</b> |  |  |  |  | <b>\$ 40.00</b> |
| Large Fee Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Entity Fee (\$)             | Small Fee Code  | Entity Fee (\$) | Fee Description                                                            | Fee Paid         |          |    |     |     |     |                    |    |    |     |     |     |                   |    |    |     |     |     |                  |    |    |     |     |     |                    |    |    |     |     |    |                        |    |                     |  |  |  |  |                  |  |       |       |          |          |                        |   |   |         |    |                            |   |   |         |      |                    |  |  |          |    |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |                                                 |     |    |     |   |                                                         |                               |  |  |  |  |                                                                       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| <b>SUB TOTAL (2) \$ 80.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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       |    |     |     |     |                    |    |    |     |     |     |                   |    |    |     |     |     |                  |    |    |     |     |     |                    |    |    |     |     |    |                        |    |                     |  |  |  |  |                  |  |       |       |          |          |                        |   |   |         |    |                            |   |   |         |      |                    |  |  |          |    |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |                                                 |     |    |     |   |                                                         |                               |  |  |  |  |                                                                       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| 105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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       |    |     |     |     |                    |    |    |     |     |     |                   |    |    |     |     |     |                  |    |    |     |     |     |                    |    |    |     |     |    |                        |    |                     |  |  |  |  |                  |  |       |       |          |          |                        |   |   |         |    |                            |   |   |         |      |                    |  |  |          |    |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |                                                 |     |    |     |   |                                                         |                               |  |  |  |  |                                                                       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| 127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 139                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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       |    |     |     |     |                    |    |    |     |     |     |                   |    |    |     |     |     |                  |    |    |     |     |     |                    |    |    |     |     |    |                        |    |                     |  |  |  |  |                  |  |       |       |          |          |                        |   |   |         |    |                            |   |   |         |      |                    |  |  |          |    |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |                                                 |     |    |     |   |                                                         |                               |  |  |  |  |                                                                       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| 112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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       |    |     |     |     |                    |    |    |     |     |     |                   |    |    |     |     |     |                  |    |    |     |     |     |                    |    |    |     |     |    |                        |    |                     |  |  |  |  |                  |  |       |       |          |          |                        |   |   |         |    |                            |   |   |         |      |                    |  |  |          |    |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |                                                 |     |    |     |   |                                                         |                               |  |  |  |  |                                                                       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| 113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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       |    |     |     |     |                    |    |    |     |     |     |                   |    |    |     |     |     |                  |    |    |     |     |     |                    |    |    |     |     |    |                        |    |                     |  |  |  |  |                  |  |       |       |          |          |                        |   |   |         |    |                            |   |   |         |      |                    |  |  |          |    |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |                                                 |     |    |     |   |                                                         |                               |  |  |  |  |                                                                       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| 115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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       |    |     |     |     |                    |    |    |     |     |     |                   |    |    |     |     |     |                  |    |    |     |     |     |                    |    |    |     |     |    |                        |    |                     |  |  |  |  |                  |  |       |       |          |          |                        |   |   |         |    |                            |   |   |         |      |                    |  |  |          |    |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |                                                 |     |    |     |   |                                                         |                               |  |  |  |  |                                                                       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| 116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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       |    |     |     |     |                    |    |    |     |     |     |                   |    |    |     |     |     |                  |    |    |     |     |     |                    |    |    |     |     |    |                        |    |                     |  |  |  |  |                  |  |       |       |          |          |                        |   |   |         |    |                            |   |   |         |      |                    |  |  |          |    |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |                                                 |     |    |     |   |                                                         |                               |  |  |  |  |                                                                       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| 117                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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       |    |     |     |     |                    |    |    |     |     |     |                   |    |    |     |     |     |                  |    |    |     |     |     |                    |    |    |     |     |    |                        |    |                     |  |  |  |  |                  |  |       |       |          |          |                        |   |   |         |    |                            |   |   |         |      |                    |  |  |          |    |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |                                                 |     |    |     |   |                                                         |                               |  |  |  |  |                                                                       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| 119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 121                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 138                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 141                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 142                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 144                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 122                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 123                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 126                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 180                         | 126             | 180             | Submission of Information Dis. Stmt.                                       | \$               |          |    |     |     |     |                    |    |    |     |     |     |                   |    |    |     |     |     |                  |    |    |     |     |     |                    |    |    |     |     |    |                        |    |                     |  |  |  |  |                  |  |       |       |          |          |                        |   |   |         |    |                            |   |   |         |      |                    |  |  |          |    |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |                                                 |     |    |     |   |                                                         |                               |  |  |  |  |    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| 581                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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       |    |     |     |     |                    |    |    |     |     |     |                   |    |    |     |     |     |                  |    |    |     |     |     |                    |    |    |     |     |    |                        |    |                     |  |  |  |  |                  |  |       |       |          |          |                        |   |   |         |    |                            |   |   |         |      |                    |  |  |          |    |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |                                                 |     |    |     |   |                                                         |                               |  |  |  |  |                                                                       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| 146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 690                         | 246             | 345             | Filing a submission after final rejection (37 CFR 1.129(a))                | \$               |          |    |     |     |     |                    |    |    |     |     |     |                   |    |    |     |     |     |                  |    |    |     |     |     |                    |    |    |     |     |    |                        |    |                     |  |  |  |  |                  |  |       |       |          |          |                        |   |   |         |    |                            |   |   |         |      |                    |  |  |          |    |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |                                                 |     |    |     |   |                                                         |                               |  |  |  |  |                                                                       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| 149                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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       |    |     |     |     |                    |    |    |     |     |     |                   |    |    |     |     |     |                  |    |    |     |     |     |                    |    |    |     |     |    |                        |    |                     |  |  |  |  |                  |  |       |       |          |          |                        |   |   |         |    |                            |   |   |         |      |                    |  |  |          |    |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |                                                 |     |    |     |   |                                                         |                               |  |  |  |  |                                                                       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| Other fee (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                               |    |     |      |     |      |                                                        |    |     |        |     |        |                                                     |    |     |     |     |    |                                      |    |     |     |     |     |                                      |    |     |     |     |     |                                     |    |     |       |     |     |                                     |    |     |       |     |     |                                     |    |     |     |     |     |                  |    |     |     |     |     |                                        |    |     |     |     |     |                          |    |     |       |     |       |                                               |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |                                        |    |     |     |     |     |                                      |    |     |    |     |    |                                                                            |      |     |     |     |     |                                                             |    |     |     |     |     |                                                                |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                                       |  |  |  |  |                 |
| Other fee (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>*Reduced by Basic Filing Fee Paid SUBTOTAL (3)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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       |    |     |     |     |                    |    |    |     |     |     |                   |    |    |     |     |     |                  |    |    |     |     |     |                    |    |    |     |     |    |                        |    |                     |  |  |  |  |                  |  |       |       |          |          |                        |   |   |         |    |                            |   |   |         |      |                    |  |  |          |    |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |                                                 |     |    |     |   |                                                         |                               |  |  |  |  |                                                                       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| SUBMITTED BY          |  |                                                                                     |  | Complete (if applicable) |              |
|-----------------------|--|-------------------------------------------------------------------------------------|--|--------------------------|--------------|
| Typed or Printed Name |  | Michael W. Piper                                                                    |  | Registration Number      | 39,800       |
| Signature             |  |  |  | Date                     | May 31, 2001 |
|                       |  |                                                                                     |  | Deposit Account User ID  |              |

#2  
C. Barnes

|                                                                          |                        |                                                               |                                         |
|--------------------------------------------------------------------------|------------------------|---------------------------------------------------------------|-----------------------------------------|
| <b>REQUEST AND CERTIFICATION<br/>UNDER<br/>35 U.S.C. 122(b)(2)(B)(i)</b> | First Named Inventor : |                                                               | Balagurunathan Balasubramanian<br>et al |
|                                                                          | Title:                 | Method and Software for Testing and Performance<br>Monitoring |                                         |
|                                                                          | Attorney Docket Number |                                                               | Sprint IDF 1595 (4000-04000)            |
|                                                                          | Express Mail Label No. |                                                               | EL733145421US                           |

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

5/31/2001  
Date

Michael W. Piper  
Signature  
Michael W. Piper  
Registration Number 39,800

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**